

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

LGM PAC(b) Address (number and street) ☐ check if different than previously reported13831 Northwest Freeway
Suite 245

(c) City, State and ZIP Code

Houston

TX

77040

2. FEC Identification Number**C** C30002018

(d) Name of Employer or Principal Place of Business

UPA of South Texas

(e) Occupation

Small Business Owner

3. Is This Statement**New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2012

through

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2012**5. (a) Date of Public Distribution(s)**

M M M / D D D / Y Y Y Y Y Y

(b) Communication Title**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: PAC**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Michael Arthur McDonald

(b) Address (number and street)

13831 Northwest Freeway
Suite 245

(c) City, State and ZIP Code

Houston

TX

77040

(d) Name of Employer or Principal Place of Business

UPA of South Texas

(e) Occupation

Small Business Owner

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , .00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Michael Arthur McDonald

SIGNATURE

Michael Arthur McDonald

[Electronically Filed]

DATE

08/22/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.